

REQUIRED ATTACHMENTS: ADDICTION TREATMENT SERVICES 440 IAC 4.4

Application and Renewal of Regular Certification or Outpatient Certification

A. Description of the organization. Include (1) ownership information (legal name, address, phone, CEO or owner); (2) organizational structure of applicant agency; (3) mission statement of the applicant agency; (4) services to be provided, and (5) populations to be served.

B. Description of services:

- (1) **All services. Number of clients** expected to be served per year for each addiction service: detoxification, inpatient, transitional residential, outpatient and intensive outpatient, or methadone and other FDA approved substance for opioid treatment program (OTP) services. (Also see additional OTP Required Attachments sheet.)
- (2) **Detoxification services. Statement**, signed by CEO, declaring that detoxification services will be provided under the supervision of a physician or a clinical nurse specialist, licensed to practice in Indiana, and that copies of current, verified licenses are maintained on file at the agency.

C. Documentation of all facilities/sites where services are provided by the provider. Use Facility Facts record(s) State Form 48160. Please make extra copies of blank form to keep on hand for future use.

D. Type of certification: Statement, signed by CEO or Board President, declaring the type of certification being applied for by your agency and **documentation** as follows: **(1) Regular Certification** (440 IAC 4.4-2-3) must obtain and maintain accreditation from an accrediting agency approved by the Division. Submit a copy of the full accreditation agency report.

NOTE: First time applicants for Regular Certification that are not accredited as an addiction treatment services provider, must have at least one (1) direct service provider that has a Division approved addictions counseling credential. The applicant agency must submit a copy of the approved addiction counseling credential.

- (2) **Outpatient Certification** (440 IAC 4.4-2-4) must be an agency with ten (10) or fewer full-time or part-time direct service providers (contractor, employee, or volunteer). Submit the following:
 - (a) DMHA Documentation of Direct Service Providers and copies of required license/credentials.
 - (b) Statement of Understanding Rule, 440 IAC 4.4.
 - (c) Copies of all forms used for intake assessment, treatment planning, consumer progress and discharge from services.

E. Clients Rights (440 IAC 4.4 and IC 12-27) and Confidentiality (42CFR Part 2):

- (1) Copy of the applicant's procedures to ensure protection of client's rights under IC 12-27; at a minimum they must address: IC 12-27, Chapter 2, Sections 12-27-2-1 and 12-27-2-3, rights of patients: Chapter 4, seclusion and restraint of patients, Chapter 6, treatment information, how patients are informed of their rights and how the agency handles a patient's grievance/complaint;
- (2) Copy of the written statement of rights which is given to client under 440 IAC 4.4-2-5 (5)(A);
- (3) Copy of procedures and forms to ensure confidentiality under 42 CFR Part 2, at a minimum they must address: Sections 2.13, 2.14, 2.16 (including retention and destruction of records), 2.22, 2.23 2.31 2.33; and
- (4) Copy of forms to be signed by client: - documenting receipt of the notice of confidentiality rights under 42 CFR Part 2, Sec. 2.22; and - consenting to the release of information under 42CFR Part 2, Sec 2.31.

F. List of Managed Care Provider(s) with whom the agency is participating as a provider panel member. Include managed care providers for the Hoosier Assurance Plan, if any.

G. Residential Care Provider Attachments, if applicable.

H. Opioid Treatment Program (OTP) Attachments, if applicable.